

SENIOR

APPLICATION FOR SENIOR MEMBERSHIP (Type or print. Chaplains must use CAPF 35.)			CHARTER NUMBER		SOCIAL SECURITY NUMBER	
LAST NAME - FIRST NAME - MIDDLE INITIAL			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HEIGHT	WEIGHT	BLOODTYPE
						DATE OF BIRTH Day Month Year
MAILING ADDRESS (Number and Street)		APT	CITY		ZIP CODE	HOME PHONE
			STATE			
Email address (This address may be used to contact you concerning CAP events, special interest items and other membership)						
NEXT OF KIN (Name and address)					Relationship	
					Phone	
MEMBER MOST RESPONSIBLE FOR YOUR JOINING CAP (OPTIONAL: For recruiting purposes) NAME CAPSN CHARTER #						
EMPLOYED BY			POSITION HELD		WORK PHONE	
					MAY WE CALL YOU AT WORK?	
EDUCATION (ENTER NUMBER INDICATING YEAR COMPLETED 9-20) or GRADE COMPLETED			DEGREE		PROFESSION/TEACHING CERTIFICATE	
To help us better serve our members, please tell us how you heard about Civil Air Patrol (Check all that apply):						
<input type="checkbox"/> Air Show <input type="checkbox"/> NASCAR Race Program <input type="checkbox"/> CAP Member <input type="checkbox"/> Friend <input type="checkbox"/> Magazine <input type="checkbox"/> Family Member <input type="checkbox"/> CAP Exhibit <input type="checkbox"/> School <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Other (please name):						
VOLUNTARY STATISTICAL INFORMATION (FOR DEMOGRAPHIC RESEARCH ONLY -- NOT REQUIRED FOR MEMBERSHIP)						
A: IDENTIFICATION: <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK (NOT OF HISPANIC ORIGIN) <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE						
B: INCOME: <input type="checkbox"/> \$0-\$25,000 <input type="checkbox"/> \$25,001-\$50,000 <input type="checkbox"/> \$50,001-\$75,000 <input type="checkbox"/> \$75,001-\$100,000 <input type="checkbox"/> OVER \$100,000						
BACKGROUND INFORMATION						
A. CITIZENSHIP						
1. Are you a citizen of the United States? _____ 2. Are you an alien admitted for permanent residence? _____ (Must possess current alien registration receipt card (Form 1-151 or 1-551))						
B. ARRESTS (WRITE "NONE" IF APPROPRIATE) _____						
List on a separate sheet, all arrests or charges regardless of age or whether the record in your case has been sealed, expunged, or otherwise stricken from the court records. You must also include all military courts-martial or non-judicial punishment (Article 15, UCMJ or Captain's Mast). Failure to provide all required information may result in your membership application being denied. (Note: You may exclude minor traffic violations unless drugs, alcohol or injury were involved.)						
C. PRIOR MILITARY SERVICE (WRITE "NONE" IF APPROPRIATE)						
		Branch of Service		Grade	Discharge Date	Discharge Type
D. PRIOR CAP MEMBERSHIP (WRITE "NONE" IF APPROPRIATE)						
from _____ to _____		<input type="checkbox"/> CADET		HIGHEST CADET AWARD EARNED _____		
_____ -- _____		<input type="checkbox"/> SENIOR		HIGHEST GRADE EARNED _____		
Old Charter # _____		Membership Dates _____				
Was your membership nonrenewed or terminated for _____ If yes, provide details on a separate sheet of paper.						
In applying for membership in Civil Air Patrol, I hereby execute the oath on the reverse side and understand and agree as						
(a) To permit CAP to use my Social Security Number in my membership records as an identification number and to obtain background information from any person, corporation, or government agency (local, state, or federal) to be used to determine membership eligibility;						
(b) that if my membership eligibility is questioned, I will be notified and provided the reasons; (c) that prior to a final decision on my eligibility, I will have an opportunity to submit documentary evidence on my behalf; and (d) that CAP membership is a privilege and						
APPLICANT SIGNATURE (Must be accompanied by FBI fingerprint card, FD-258)					DATE	
To be completed by commander or designated I certify that the applicant is accepted as a member of Civil Air Patrol subject to approval by higher headquarters with National Headquarters as the final approving authority. Membership becomes effective when this application is processed by National Headquarters and the individual's name appears on the National						
CHARTER, UNIT NAME, AND ADDRESS						
PRINT FULL NAME			SIGNATURE		DATE	

WHAT CAP ACTIVITIES ARE YOU MOST INTERESTED IN?

☐ **AEROSPACE EDUCATION PROGRAM**

- ☐ AEROSPACE EDUCATION OFFICER
- ☐ AEROSPACE EDUCATION INSTRUCTOR
- ☐ CADET AEROSPACE OPPORTUNITIES COUNSELOR
- ☐ SPEAKER

☐ **CADET PROGRAM**

- ☐ DRILL AND CEREMONIES
- ☐ DRIVER
- ☐ ENCAMPMENT STAFF
- ☐ FLIGHT ENCAMPMENT STAFF
- ☐ INSTRUCTOR
- ☐ LEADERSHIP POSITION
- ☐ ORIENTATION PILOT
- ☐ SPECIAL ACTIVITIES STAFF

☐ **EMERGENCY SERVICES**

- ☐ CHECK PILOT
- ☐ COUNTERDRUG PILOT
- ☐ DISASTER RELIEF
- ☐ INSTRUCTOR PILOT
- ☐ SEARCH AND RESCUE
 - ☐ GROUND TEAM
 - ☐ PILOT
 - ☐ OBSERVER/SCANNER
- ☐ RADIO COMMUNICATIONS

PLEASE LIST ANY OTHER SKILLS OR INTERESTS YOU HAVE WHICH MIGHT BE HELPFUL TO YOUR CAP UNIT.

OATH OF APPLICATION

(READ CAREFULLY BEFORE SIGNING FRONT OF APPLICATION!)

I do solemnly swear (or affirm) that:

I understand membership in Civil Air Patrol is a privilege, not a right, and that membership is on a year-to-year basis subject to annual renewal by CAP. I further understand failure to meet membership eligibility criteria will result in automatic membership termination at any time.

I understand only Civil Air Patrol corporate officers are authorized to obligate funds, equipment, or services.

I understand Civil Air Patrol is not liable for loss or damage to my personal property when operated for or by Civil Air Patrol.

I voluntarily subscribe to the objectives and purposes of Civil Air Patrol and agree to be guided by the CAP Constitution and Bylaws and comply with CAP rules and regulations as from time to time may be amended or promulgated.

I agree to abide by the decisions of those in authority of Civil Air Patrol.

I certify that all the information on this application is presently correct and any false statement may be cause to deny membership. I understand I am obligated to notify Civil Air Patrol if there are any changes to the background information on the front of this form and further understand that failure to report such changes may be grounds for membership termination.

I understand that this Oath of Application is a part of this application for senior membership in Civil Air Patrol and that my signature on this form constitutes evidence of that understanding.